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SERIAL NUMBER 10/674,655	FILING OR 371(c) DATE 09/29/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 127000.0301
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APPLICANTS

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** CONTINUING DATA *****

none ~~APP~~

** FOREIGN APPLICATIONS *****

none ~~APP~~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 12/18/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature:  Initials: 				

ADDRESS

21269

TITLE

Tracheostomy nebulizing pad

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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